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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Freedom Partners Action Fund, Inc. 2300 Wilson Blvd. ADDRESS (number and street) Ste. 500 (Check if address is changed) ARLINGTON 22201 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@fpaction.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.fpaction.org (Check if address is changed) DATE 30 2015 C00564765 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Thomas F. Maxwell III Type or Print Name of Treasurer Thomas F. Maxwell III [Electronically Filed] 12 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

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